**LEADERSHIP ACCOUNTABILITY AGREEMENT –**

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| **Covering\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Quarter)** ***Mission: “To deliver personalized patient centered care in an atmosphere that promotes the healing process and enhances the quality of life for the communities we serve.”***  |
|  **Pillar** | **Goal** | **Results** |
|  **Patient/Employee Experience :*** **Inpatient HCAHPS Score for “Willingness to recommend”**

**“Overall Rating”*** **ER Survey**

**“Willingness to recommend”****“Overall Rating**” * **Department Huddles**
* **Internal Support Services Scorecards**
* **Turnover**
 | **Above 90th Percentile (All Database, AHA, CAH’s, KS)****Above 90th Percentile (Press Ganey Data Base)** **Weekly, Beneficial to all** **Improvement in areas of weakness-Improvement plan being carried out****Clinical: 25%****Non-Clinical: 25%** |  |
| **Quality:** * **# of Service Recovery Uses**
* **Dept./Multi-Dept Process Improvement**
* **KCIC Initiatives**

**Stroke****STEMI****Sepsis**  | **Minimal, effective****Constant, w/involvement from staff****Door to CT Head: 20 min****Door to CT Interp. 40 min.****Door to EKG: 5 min****Door to EKG Interp. 10 min.****Door to antibiotic time: 1 hour** |  |
| **Finance/Growth:*** **Operating Margin**
* **Accounts Receivable Days**
* **Days Cash on Hand**
* **Volumes-Clinic**

**-Chargeable visits****-New Visits** | **3% overall****Clinic: 35 days** **Hospital: 40 days****30 days**5% >2017 |  |
| * **Safety**

**# of Work Comp. incidents****#of lost days due to Work Comp.**  | **0** |  |
| * **If there is one thing that needs to be improved, what would it be?**
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| **Agreement:** *Effective today’s date, I accept full responsibility and accountability for the above noted goals, including gaining buy-in and support from my staff. My specific goals related to the above organizational goals are:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |
| **Signature:** | **Date:** |

**Patient/Resident/Associate experience initiatives:**

**Update on goals set at last roundtable:**

**# Of times your accountability group has met:**

**Critical Conversations you’ve had:**